

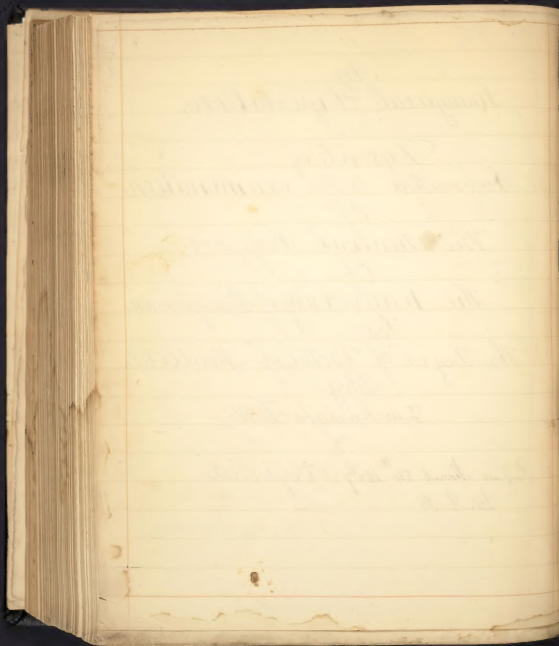
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An
Inaugural Dissertation,
on
Dysentery
Submitted to the examination
of
The Medical Professors
of
The University of Pennsylvania
For
The Degree of Doctor of Medicine.
By
Zachariah Talley
of
Virginia
Passed March 24th 1827
W. L. H.



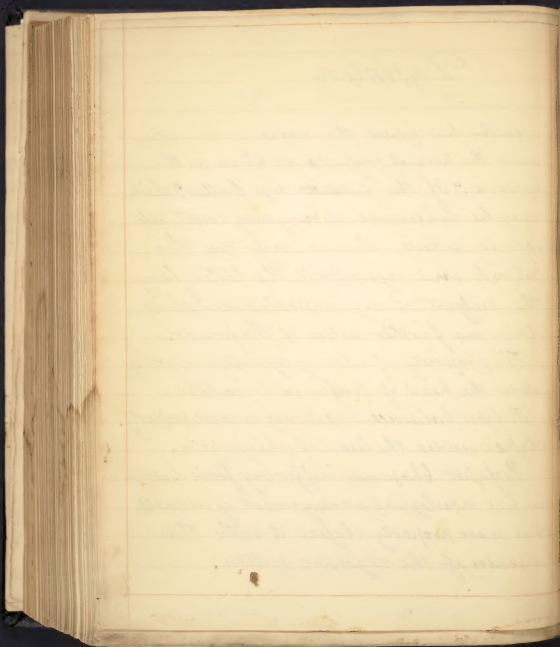
Dysentery

Cullen has placed this disease in his nosology under the head of profluvia or fluxes with pyrexia. "Of the fluxes," says Cullen, "which may be considered as being very constantly febrile diseases, there are only two, the catarrh and dysentery;" The latter being the subject of my dissertation I shall take no farther notice of the former.

The propriety of placing dysentery in nosology under the head of profluvia is doubted.

Professor baldwell says it may be more properly classed under the head of phlegmasia.

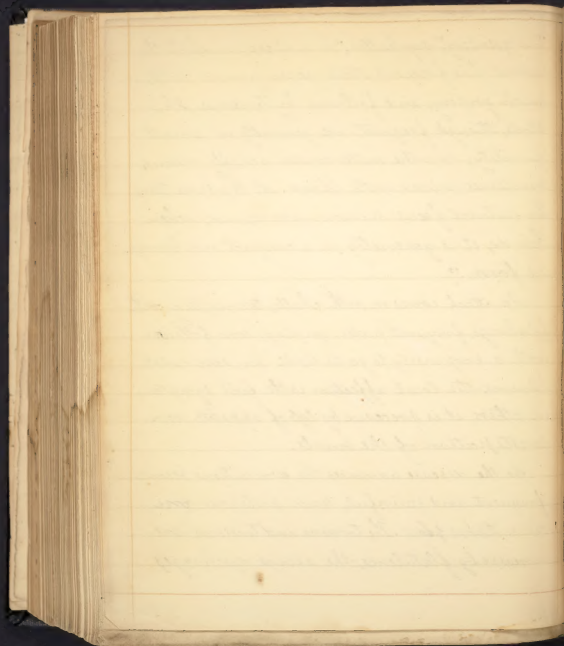
Professor chapman differing from Cullen in his nosological arrangement of diseases, has more properly classed it with the diseases of the digestive system.



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"Dysentery," says Cullen, "is a disease in which the patient has frequent stools, accompanied with much griping, and followed by tenesmus. The stools, though frequent, are generally in small quantity; and the matter voided is chiefly mucus, sometimes mixed with blood. At the same time the natural feces seldom appear, and, when they do, it is generally in a compact and hardened form."

An attack comes on with chills, terminating with flushings, frequent pulse, griping, soon followed with a propensity to go to stool. In some cases, however, the local affection is the first symptom, in others, it is preceded by loss of appetite and constipation of the bowels.

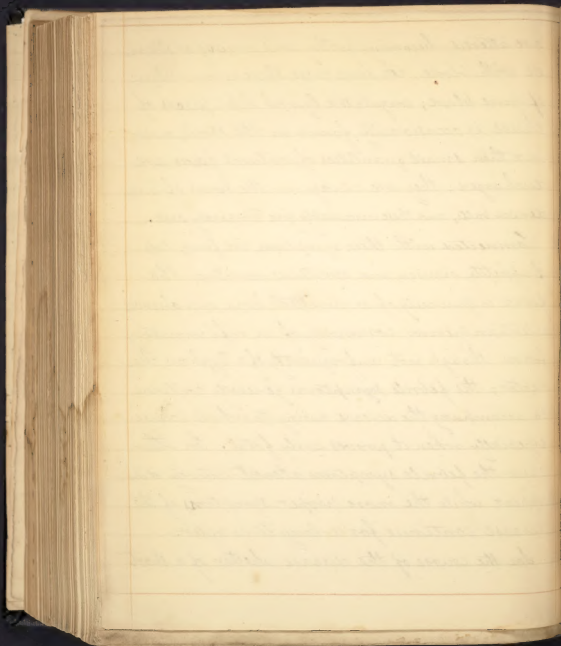
As the disease advances the evacuations become frequent and painful, and prolapus ani often takes place. The tormina and tenesmus are increased by flatulence, the alvine discharges



are altered, becoming frothy and mucous or streaked with blood, in some cases there is hemorrhage of pure blood; coagulated lymph like pieces of cheese is occasionally found in the stools, now and then small quantities of natural faeces are discharged: they are always in the form of hardened balls, and these invariably give temporary ease.

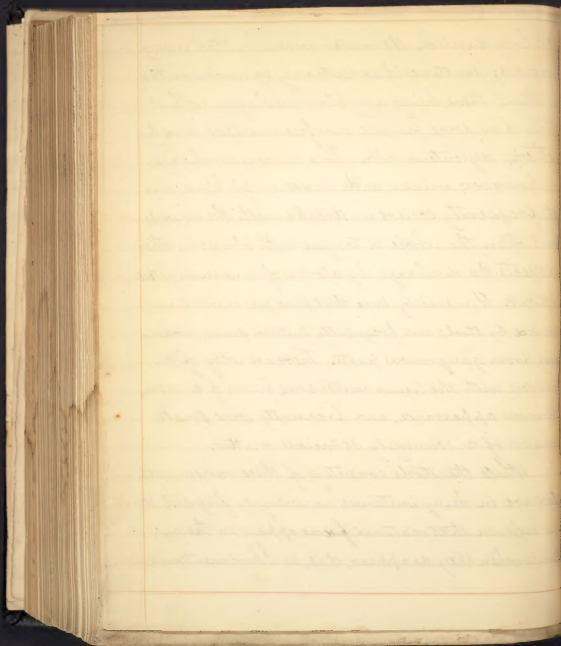
Connected with these symptoms, are fever, loss of appetite, nausea, and sometimes vomiting, the fever is generally of a remittent kind and observes a tertian period, commonly of an inflammatory form though not unfrequently of a typhous character; the febrile symptoms generally continue to accompany the disease during its whole course especially when it proves early fatal. In other cases the febrile symptoms almost entirely disappear, while the more proper symptoms of the disease continue for a long time after.

In the course of the disease whether of a short



or long duration, the matter voided by stool is very various; sometimes it consists only of mucous matter, without there being any blood discharged with it; this is by some named morbus mucosus, and by others, dysenteria alba. This mucous discharge is however, mixed with more or less blood, and it frequently occurs in streaks with the mucus; but often the whole is tinged with blood: in other respects the discharge by stool is of an unusual fetid odour. It is said by some that pure pus is sometimes voided by stool; and frequently putrid sanies, proceeding from gangrenous parts. There are very often mixed with the liquid matter some films of a membranous appearance, and frequently some small masses of a seemingly sebaceous matter.

While the stools consisting of these various matters are in many instances, exceedingly frequent, it is seldom that natural faeces appear in them; and when they do appear, it is, as I have mentioned,



... is a somewhat distinct, spa-
... are removed, whether by the efforts of
nature, or solicited by art, they procure a remission of all
symptoms, and more especially of the bloody stools,
griping, and tenesmus.

Accompanied with these circumstances, the disease becomes
either longer or shorter time. When accompanied with a
violent inflammatory or typhoid fever, it often terminates
in a few days, with all the marks of a supervening gangrene.

When the febrile symptoms are more moderate or disappear
altogether, the disease is often protracted for weeks and even
months; but even then after a various duration, it often
terminates fatally, and generally in consequence of a re-
turn and considerable augmentation of the inflammatory
and malignant states.

In some cases the disease ceases spontaneously; the fre-
quency of the stools, the griping, and tenesmus, gradually
diminishing; while natural stools return. In other cases,
the disease with moderate symptoms continues long, and ends in diarrhoea.

This disease is much more prevalent in warm than cold climates; particularly in the East and West Indies. It not only breaks out in the crew of ships of war and their vessels cruising or trading in these parts; but is so malignant as scarcely to leave a sufficient number to manage the vessels. It is frequently attacks even us particularly, when after or during warm weather, we are any length of time exposed to heavy rains, or are encamped in the vicinity of low and marshy grounds. This disease however, is less frequently seen in climates by no means confined to those regions, it is not uncommon to be met with on the coldest parts of the globe, spreading forth its malignity and mortality proving the instrument of death to many of the human race. It is also very frequently met with in all parts of the United States, and sometimes in a more malignant a shape as in other parts of the habitable world.

It attacks the delicate and robust, the young and the old; and at times it is so violent as to kill within

its ravages, is not fatal to infants
and aged persons.

This disease occasionally prevails in all seasons
of the year, though it most commonly occurs in summer
and autumn. It is often occasioned by cold or mois-
ture succeeding to intense heat or great drought, where-
by the perspiration is suddenly checked and accumu-
lation made to the intestines. It is likewise occasion-
ed by the use of unwholesome and putrid food, and
by noxious exhalations and vapours; such as marsh
miasmata &c. It frequently occurs about the same
time with malarial remittent and intermittent
fevers and with these it is often connected. Drinking large
quantities of cold water when in a state of perspiration
frequently increases the disease. Ingestion, exposure
to wet air; marsh effluvia are very frequently the
cause of this disease, when produced by this cause
it is located at first in the stomach, extending from
thence through out the whole of the alimentary canal.

Too free use of fruits has been considered as a disease,
particularly unripe fruit; change of clothing may also
produce this complaint, by suddenly checking perspiration,
determining too great quantity of fluids to the intestines.

This disease has been said to be contagious by many of the
highest medical authors; among those who have examined
Doctors Rush Cullen and Darwin.

The former says that dysentery is the offspring of con-
tagion or miasmata, and that it prevails mostly in high situ-
ations owing to the coldness of the air & hence perspiration,
and throwing the fluids upon the bowels, and that he frequently
observed it to prevail on elevated places, and fens and bogs,
and in situations adjacent to them; and he says frequent
occurrences in fruit seasons is owing to the acidity occasioned
by the use of large quantities of this alone & predisposing
the bowels to a morbid action.

Cullen says that dysentery does often manifestly arise
from the application of cold, but the disease is always
contagious, and the propagation of such a contagious

of cold, & the cause, it becomes
common in camps and other places: "It is," says he, "there-
fore to be doubted, if the application of cold does ever
reduce the disease, unless where the specific contagion
has been previously received into the body: and, upon the
whole, it is probable, that a specific contagion is the
most sincere as always the remote cause of the disease."

The doctrine of Darwin is that dysentery is contagious,
but that this contagion manifestly arises from the mucous
& bloody stools which issue from the bowels, which
lines the intestines, and not from the general perspiration
secreted in the intestines; he contends that it is not the
stool, but the mucus of the stool, which is the cause of the
disease, and that the mucus is secreted in the bowels, and
is the cause of the disease, and that the mucus is secreted
in the bowels, and is the cause of the disease, and that the
mucus is secreted in the bowels, and is the cause of the
disease.

To deny the existence of contagion in this disease is
wrong, it is strongly supported by facts and authority; and
what appears to some, inconsistent with good reasoning,

... but as far as my observation extends,
and from what I am able to collect from the natives, there
is the doctrine of contagion. This is a very common
opinion, dysentery has no more pretensions to contagion
than intermittent fever, it may be communicated; but it
is an epidemic, and occasionally prevails in a manner
none will pretend to deny; and the fact that a number
of persons, in the same position, or neighborhood, is no
proof that it is contagious. It will be found to be
produced by a noxious state of the atmosphere,
rather than by direct communication, and is not the result of contagion.

Diagnosis. Dysentery is not to be confounded with
any other disease but diarrhoea. Take care of the most
of cases of dysentery, and one of the most agreeable
forms of diarrhoea, their resemblance is so great that it
is almost impossible to draw a correct conclusion.

A knowledge of the prevailing circumstances will however
be a tolerable good guide in practice.

under irritation of the lungs, and the lungs are
often inflamed, and are more inflamed after a
cure in the winter. In the other hand when the
lungs are inflamed, and the lungs are more inflamed
high fever, and delirium, and are more inflamed, and
debility, cold and clammy sweats, frequent and
small stools, severe purging, terminal and terminal,
and are more inflamed, and are more inflamed, and are
more inflamed with them, and are more inflamed, and are
more inflamed, involuntary discharges pale, blood, blood,
and are better making appearance with red, and are
dis. in most cases terminal, and are.

But marlstone is a combination of "blue limestone" & "red limestone" of the east," says Agassiz, "There is a distinct, however, the great part of the surface mentioned, is made of blue, & further northward, the red limestone becomes generally most abundant: in some places the red limestone is entirely dominant, & the amount of the blue is several inches; in some there is no blue at all, as in the Allegheny.

membranes of the peritoneum continuous to the colon and
caecum: sometimes the small guts were united in
a mass; but more frequently this was not
the case, the caecum being joined to the
colon, and the small guts by mesenteries, which
were sometimes united to the colon. In two people the
peritoneum was almost entirely wanting, the small
intestines of it being quite black; which presented
a dark mass in the cavity of the abdomen; in
several it was inflamed and adhered to
the guts and peritoneum; for the most part the
gall bladder was full of dark bile, and the liver
more or less in a putrid condition."

Treatment. As the author of this paper is not
the degree of doctor of medicine, and having had
in opportunity of seeing and attending to several
cases of this disease, I do not think it necessary
to give in detail, all the remedies that have been
recommended by authors; but will confine my-
self to a few of the most important, and such
as I have found most useful in those cases that
have come under my own observation.

Dysentery is generally of an inflammatory nature,
and demands in its commencement the most copious
evacuation by the bowels. To be successful, how-
ever, the patient should lose twenty, thirty, or even
more, of the contents of the system, four, six, or eight
times in the day.

"The early drawing of blood," says Proctor Chapman, "ar-
ouses inflammation, arouses the susceptibility of the
system to the action of other remedies." "It is," says Dr.
"the best means of awakening every susceptibility."

"There could here also," says the "Editor," "a great deal be done by the use of emollients, producing softening, in order to relieve this affection, venerection is unimpaired; by it too we produce relaxation and moistness at the skin."

The next remedies that should be resorted to are emollients, which, if this kind of venerection is to be preserved, there appears to be a great conformity of opinion, and castor oil is most commonly used, "and in every case," says Professor Chapman, "it may answer very well, but to do good it must be given in large, to the amount of several ounces in the day, and even then, it runs through the bowels almost unchanged, producing very slight evacuations of feces." Mercurial preparations are much more preferable, they more silently evacuate the bowels without disturbing the stomach, while the castor oil is a gross and disagreeable remedy, and is very often objected to by the patient. The oil is said to perfect the curative of venereal poisoning away offensive, and at the same time more

the several signs of the inflammation. The quantity of
it however is to be regulated to the state of the system.

For the purpose of evacuating completely the contents
of the bowels, it is best, to commence with calomel given
in a tolerable large dose, followed in an hour or two,
with repeated doses of some mild purgative medicine;
here the castor oil may perhaps be found useful, to
the however I generally prefer Epsom salts; the stomach
in most instances will be found very irritable,
the latter will frequently remain without producing
the least effects, while the former will be found more
efficacious and is sometimes ejected by vomiting.

Rhubarb has been highly commended: but it
is generally to be found improper in the commence-
ment, or as long as any degree of inflammation
remains. I have used it in a few cases at the com-
mencement of an attack, in every instance the
discharge of blood by stool was increased, and
the tormina and tenesmus aggravated.

How far we should carry our purgative plan, has been questioned: "a good general rule," says Professor Chapman, "is to continue them until natural forces be procured?"

Emetics. It was usual with Sydenham, and his example has been imitated by many, to commence the cure of dysentery with exciting vomiting, which he advised to be followed up by copious draughts of some thin beverage, to cleanse more completely the stomach. "Of the propriety of this practice," says Professor Chapman, "I am not prepared to speak from any personal experience. It may occasionally be useful in the early stage of the disease, where the stomach is loaded as sometimes happens with bilious or biliary matters, creating nausea and distress. Cases of this sort are common in countries subject to intermittent fever, and the bowel affection wears the character, the remedy becomes necessary?"

Though this remedy has been resorted to by most writers, it does not appear to me to be a very necessary in dysentery, and except under circumstances cited above,

I may be, with some, out of sympathy, concerning
indications of their use, we may resort to tartarized
antimony alone or combined with Spessacuanha: an
excellent mode however of administering emetic
medicine in this complaint, is in combination
with some one of the purgatives: for this purpose the
tartarized antimony may be combined with the Glauber
or Epsom salts. The usual effect of this combination
is a copious evacuation of the alimentary canal.

The remedy that should be resorted to after purgatives,
is nauseating doses of Spessacuanha.

Dysentery is sometimes attended with a considerable dis-
charge of pure blood from the bowels. In some instan-
ces almost to hemorrhage. In the course of the summer of
eighteen hundred and twenty five, I had, under my
care between thirty and forty cases, a majority of
them were children, to whom it proved ven-
erous in the neighborhood of my residence. Almost
all of these cases were attended with a considerable.

discharge induced by stool, great thirst, heat and dry-
ness of skin.

After a consultation with Mr. Colwell, I ad-
vised by a dose of Opium ʒiſs, as soon as the blood
operation on the bowels; commenced with small do-
ses of Ipecacuanha, repeated every hour or two through-
out the day; and at bed time I directed it to be com-
bined with an opiate; it thus were not much febrile
action. But when interrupted in the use of opium by
the excitement of the system, I advised the Ipecacuan-
ha to be continued alone throughout the night, as
directed above in the day time.

In every instance that I administered the Ipe-
cuanha as mentioned above, the bloody stools, tormina
and tenesmus were in a few hours considerably
removed, and a gentle relaxation and moisture of
the skin took place. Kept up for a few days, the
bloody stools were removed and a majority of
instances the tormina and tenesmus ceased to be troublesome.

After the bowels have been thoroughly evacuated, and
debility excited, and if irritation is induced by the opium, opi-
um may be resorted to for the purpose of allaying the same,
and administering to the patient to judge more completely
of the nature of these irritations, it will be found necessary to
combine a small portion of Cascubamba with the opium,
such as the proportion of half a grain of the latter to from
two to three grains of the former, to be repeated every two
or three hours according to the urgency of the case. This
will be found effectually to soothe the bowels and ten-
esmus, determine to the surface and procure sleep.

* Anodyne injections consisting of gum arabic dissolved in
mucilage of gum arabic flour-seaten or common starch
are sometimes better retained, and prove more efficacious
than opiates by the mouth.

"An excellent remedy to allay irritation and ten-
esmus after the bowels have been sufficiently evacuated,
is an injection composed of from half a pint to three
pints of melted butter, free from salt: this may be ad-

* See Caldwell's Gullet

repeated every three or four hours; an opium should circum-
stances require it. It is important that the latter be free
from acridities as well as salt.

"Fomentations and anodyne liniments to the abdomen
have been found at times to be of infinite service.

"In every case where the disease is likely to assume
a chronic form, more especially there being reason to
suppose the existence of hepatic affection a moderate
salivation is the most promising remedy.

"If the pain continue obstinate, and the abdomen be
tender to the touch, in addition to the fo-
mentations and anodyne liniments the applications of
cupps or leeches and blisters to it will be found indispen-
sable.

"On some occasions through out the course of the
disease mucilaginous injections will be found useful
and refreshing; they may consist of flax seed tea, barley
water, a solution of gum arabic in water, or a decoction
of starch. The proper time for their administration the

judgment of the practitioner alone can direct. An important object to be attained by them is an alleviation of tenesmus.

"From the commencement to the close of this complaint, the drinks in general should be diluting, mucilaginous and viscid, such as the sud tea, barley water, rice water, slippery elm tea &c."

This disease is sometimes blended with intermittent fever. In this case, it is the opinion of Professor Chalmers that we should first cure the dysentery with the usual remedies, and afterwards the intermittent until this is accomplished. He says that bark never fails to do harm when administered under such circumstances, it is extremely serviceable to the stomach and bowels when irritable and inflamed as is the case here.

Thus I have given a summary review of the most important remedies that will be found necessary in the cure of dysentery; but in some instances, they

and every other means of art will fail. It may be proper perhaps to add that in the sinking condition, we may resort to the liberal use of stimulants, such as wine, wine whey, carbonate of ammonia and finally to the spirits of turpentine, keeping the discharge by the bowels in due bounds, by the free use of Opium.

